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B 22C (Official Form 22C) (Chapter 13) (04/10)

In re: Farrokh Ebrahimi

Case Number: 10-36238-13

According to the calculations required by this statement:
▼ The applicable commitment period is 3 years.
☐ The applicable commitment period is 5 years.
Disposable income is determined under § 1325(b)(3).
Disposable income is not determined under § 1325(b)(3).
(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Doubl Di	EDODT OF INCO	ME		
		EPORT OF INCO			
	Marital/filing status. Check the box that applies and			statement as direc	ted.
	a. Unmarried. Complete only Column A ("Debto b. Married. Complete both Column A ("Debto b. The Married.")			s Income") for Liu	nos 2-10
	All figures must reflect average monthly income receiv				
1	during the six calendar months prior to filing the bankri			Column A	Column B
	of the month before the filing. If the amount of monthly		•	Dalatanla	0
	months, you must divide the six-month total by six, and			Debtor's Income	Spouse's Income
	appropriate line.			income	income
2	Gross wages, salary, tips, bonuses, overtime, com	missions.		\$3,700.00	
	Income from the operation of a business, profession		ct Line b from		
	Line a and enter the difference in the appropriate colu	mn(s) of Line 3. If yo	ou operate more		
	than one business, profession or farm, enter aggregat an attachment. Do not enter a number less than zero.	e numbers and prov	ide details on		
3	business expenses entered on Line b as a deducti		iny part of the		
	a. Gross receipts	\$0.00			
	<u>'</u>	·			
	b. Ordinary and necessary business expenses	\$0.00			
	c. Business income	Subtract Line b		\$0.00	
	Rent and other real property income. Subtract Line difference in the appropriate column(s) of Line 4. Do r				
	Do not include any part of of the operating expens				
4	in Part IV.				
	a. Gross receipts	\$0.00			
	b. Ordinary and necessary operating expenses	\$0.00			
	c. Rent and other real property income	Subtract Line b	from Line a	\$0.00	
5	Interest, dividends, and royalties.			\$0.00	
6	Pension and retirement income.			\$0.00	
_	Any amounts paid by another person or entity, on			¢c00.00	
7	expenses of the debtor or the debtor's dependents that purpose. Do not include alimony or separate ma			\$600.00	
	paid by the debtor's spouse.	monanos paymonts	or amounto		
	Unemployment compensation. Enter the amount in	the appropriate colu	umn(s) of Line 8.		
	However, if you contend that unemployment compens		` '		
8	spouse was a benefit under the Social Security Act, do				
	compensation in Column A or B, but instead state the	amount in the space	below:		
	Unemployment compensation claimed to be a	Debtor	Spouse		
	benefit under the Social Security Act	\$0.00	Spouse	\$0.00	
	Income from all other sources. Specify source and	<u> </u>	ny liet additional	Ψ0.00	
	sources on a separate page. Total and enter on Line				
	separate maintenance payments paid by your spo	use, but include all	other payments		
	of alimony or separate maintenance. Do not include				
9	the Social Security Act or payments received as a victi		me against		
	humanity, or as a victim of international or domestic te	HOHSIII.			
	a.	I			
	b.				
	[v.]			\$0.00	
				Ψυ.υυ	

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10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).						
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B and enter the total. If Column B has not been completed, enter the amount from Line Column A.		300.00				
<u> </u>	Part II. CALCULATION OF § 1325(b)(4) COMMITME	NT PERIOD					
12	Enter the amount from Line 11.		\$4,300.00				
13	Marital adjustment. If you are married, but are not filing jointly with your spouse, ANI calculation of the commitment period under § 1325(b)(4) does not require inclusion of spouse, enter on Line 13 the amount of income listed in Line 10, Column B that was N regular basis for the household expenses of you or your dependents and specify, in the basis for excluding this income (such as payment of the spouse's tax liability or the spousersons other than the debtor or the debtor's dependents) and the amount of income of purpose. If necessary, list additional adjustments on a separate page. If the condition adjustment do not apply, enter zero.	the income of your OT paid on a e lines below, the ouse's support of devoted to each					
	a.						
	b.						
	c.						
	Total and enter on Line 13.		\$0.00				
14	Subtract Line 13 from Line 12 and enter the result.		\$4,300.00				
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line and enter the result.	e 14 by the number 12	\$51,600.00				
16	Applicable median family income. Enter the median family income for applicable states size. (This information is available by family size at www.usdoj.gov/ust/ or from the cle court.)						
	a. Enter debtor's state of residence: Texas b. Enter debtor's ho	usehold size: 4	\$66,145.00				
17	 Application of § 1325(b)(4). Check the applicable box and proceed as directed. ✓ The amount on Line 15 is less than the amount on Line 16. Check the box for 3 years" at the top of page 1 of this statement and continue with this statement. 	"The applicable commitme	ent period is				
	The amount on Line 15 is not less than the amount on Line 16. Check the box is 5 years" at the top of page 1 of this statement and continue with this statement.	x for "The applicable comr	nitment period				
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING D	DISPOSABLE INCOM	1E				
18	Enter the amount from Line 11.		\$4,300.00				
19	Marital adjustment. If you are married, but are not filing jointly with your spouse, entrof any income listed in Line 10, Column B that was NOT paid on a regular basis for the expenses of the debtor or the debtor's dependents. Specify in the lines below the basic Column B income (such as payment of the spouse's tax liability or the spouse's support than the debtor or the debtor's dependents) and the amount of income devoted to each necessary, list additional adjustments on a separate page. If the conditions for entering do not apply, enter zero.	household is for excluding the rt of persons other h purpose. If					
	a.						
	b.						
	c.						
	Total and enter on Line 19.		\$0.00				

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20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$4,300.00			
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.	\$51,600.00			
22	Applicable median family income. Enter the amount from Line 16.				
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed. ☐ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is dunder § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. ☐ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement COMPLETE PARTS IV, V, OR VI.	nt. e is not			

	Part IV. CALCULATION OF DEDUCTIONS FROM INCOME Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)							
	Nie	41	<u>-</u>					
24A	mis Exp	sce pen	nal Standards: food, apparel Ilaneous. Enter in Line 24A to ses for the applicable househouse ork of the bankruptcy court.)	the "Total" amount	from I	RS National Sta	ndards for Allov	wable Living
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.							
Household members under 65 years of age Household members 65 years of age or older								
	a ⁻	1.	Allowance per member		a2.	Allowance pe	r member	
	p.	1.	Number of members		b2.	Number of me	embers	
	C′	1.	Subtotal		c2.	Subtotal		
Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)								
25B	IRS info	S Hoorm al of ie b	Standards: housing and utile busing and Utilities Standards; ation is available at www.usdo of the Average Monthly Paymer from Line a and enter the results. Housing and Utilities Standards; Average Monthly Payment for any, as stated in Line 47	mortgage/rent exp j.gov/ust/ or from th nts for any debts se ult in Line 25B. DO dards; mortgage/re	ense ne clei cured NOT ent exp	for your county of the of the bankrup I by your home, ENTER AN AM Dense	and household otcy court); ente as stated in Line	size (this er on Line b the e 47; subtract
	c.	. 1	Net mortgage/rental expense				Subtract Line	b from Line a.
26	and Util	d 25 lities	Standards: housing and util 5B does not accurately computes Standards, enter any additional contention in the space belo	te the allowance to nal amount to whicl	which	you are entitled	under the IRS	Housing and

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	You	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.					
27A	are in If you Tran Local Stati	ck the number of vehicles for which you pay the operating expenses or for included as a contribution to your household expenses in Line 7. u checked 0, enter on Line 27A the "Public Transportation" amount from asportation. If you checked 1 or 2 or more, enter on Line 27A the "Operated Standards: Transportation for the applicable number of vehicles in the assistical Area or Census Region. (These amounts are available at www.usce bankruptcy court.)	0				
27B	If yo you "Puk	al Standards: transportation; additional public transportation expenu pay the operating expenses for a vehicle and also use public transportation expenser entitled to an additional deduction for your public transportation expeolic Transportation" amount from IRS Local Standards: Transportation. (Transportation or from the clerk of the bankruptcy court.)	ation, and you contend that nses, enter on Line 27B the				
28							
	a. b.	IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47					
	C.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.				
29	Com Ente (ava Ave	al Standards: transportation ownership/lease expense; Vehicle 2. hplete this Line only if you checked the "2 or more" Box in Line 28. er, in Line a below, the "Ownership Costs" for "One Car" from the IRS Localiable at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); er rage Monthly Payments for any debts secured by Vehicle 2, as stated in I a and enter the result in Line 29. DO NOT ENTER AN AMOUNT LESS	nter in Line b the total of the Line 47; subtract Line b from				
	a.	IRS Transportation Standards, Ownership Costs					
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47					
	C.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.				
30	fede emp	er Necessary Expenses: taxes. Enter the total average monthly experiently state, and local taxes, other than real estate and sales taxes, such as loyment taxes, social-security taxes, and Medicare taxes. DO NOT INCLES TAXES.	s income taxes, self-				
31	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. DO NOT INCLUDE DISCRETIONARY AMOUNTS, SUCH AS VOLUNTARY 401(K) CONTRIBUTIONS.						
32	for to	er Necessary Expenses: life insurance. Enter total average monthly erm life insurance for yourself. DO NOT INCLUDE PREMIUMS FOR INS PENDENTS, FOR WHOLE LIFE OR FOR ANY OTHER FORM OF INSUF	SURANCE ON YOUR				
33	requ	er Necessary Expenses: court-ordered payments. Enter the total mo irred to pay pursuant to the order of a court or administrative agency, suc ments. DO NOT INCLUDE PAYMENTS ON PAST DUE OBLIGATIONS I	h as spousal or child support				

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34	whom no public education providing similar services is available.					
35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend or childcaresuch as baby-sitting, day care, nursery and preschool. DO NOT INCLUDE OTHER EDUCATIONAL PAYMENTS.					
Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. DO NOT INCLUDE PAYMENTS FOR HEALTH INSURANCE OR HEALTH SAVINGS ACCOUNTS LISTED IN LINE 39.						
Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone servicesuch as pagers, call waiting, caller id, special long distance, or internet serviceto the extent necessary for your health and welfare or that of your dependents. DO NOT INCLUDE ANY AMOUNT PREVIOUSLY DEDUCTED.						
Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.						
Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 24-37						
39	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. a. Health Insurance b. Disability Insurance c. Health Savings Account Total and enter on Line 39					
	IF YOU DO NOT ACTUALLY EXPEND THIS TOTAL AMOUNT, state your actual total average monthly expenditures in the space below:					
Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. DO NOT INCLUDE PAYMENTS LISTED IN LINE 34.						
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.					
Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.						
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST EXPLAIN WHY THE AMOUNT CLAIMED IS REASONABLE AND NECESSARY AND NOT ALREADY ACCOUNTED FOR IN THE IRS STANDARDS.					

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44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.									
45	chari in 26	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitble contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). DO NOT INCLUDE ANY AMOUNT IN EXCESS OF 15% OF YOUR GROSS MONTHLY INCOME. Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.								
46										
	F		ubpart C: Deductions for De		and be a second that					
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.									
		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?					
	a.				yes no					
	b. c.				yesno					
	0.			Total: Add						
				Lines a, b and	c					
48	Other payments on secured claims. If any of the debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.									
	a.	Name of Creditor	Property Securing the De	1/60(11 C	of the Cure Amount					
	b.									
	C.									
	Ш			Total: Ad	dd Lines a, b and c					
Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. DO NOT INCLUDE CURRENT OBLIGATIONS, SUCH AS THOSE SET OUT IN LINE 33.										
		oter 13 administrative expenses Iting administrative expense.	. Multiply the amount in Line a by	the amount in L	ine b, and enter the					
	a.	Projected average monthly chap	ter 13 plan pavment.							
F.0	b.	Current multiplier for your district	as determined under schedules							
50	issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				%					
	C.	Average monthly administrative	expense of chapter 13 case	Total: Mu	ıltiply Lines a and b					
51	Tota	I Deductions for Debt Payment.	Enter the total of Lines 47 throug	h 50.						
	I		ubpart D: Total Deductions f							
52	Tota	I of all deductions from income.	Enter the total of Lines 38, 46 a	ınd 51.						

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Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)

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Total current monthly income. Enter the amount from Line 20.									
	yments, or								
54		bility payments for a dependent child, reported in Part I, that you received in							
		cable nonbankruptcy law, to the extent reasonably necessary to be expendent							
		lified retirement deductions. Enter the monthly total of (a) all amounts w							
55		es as contributions for qualified retirement plans, as specified in § 541(b)(7 yments of loans from retirement plans, as specified in § 362(b)(19).) and (b) all re	equirea					
	ТСРА	yments of loans from retirement plans, as specified in § 302(b)(13).							
56	Tota	I of all deductions allowed under § 707(b)(2). Enter the amount from Lin	e 52.						
		uction for special circumstances.							
		ere are special circumstances that justify additional expenses for which there are it is described the appeal of the property and the requiring expenses in line							
	alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57.								
	YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF THESE EXPENSES AND YOU								
	MUST PROVIDE A DETAILED EXPLANATION OF THE SPECIAL CIRCUMSTANCES THAT MAKE SUCH								
57	EXPENSES NECESSARY AND REASONABLE.								
		Nature of special circumstances	Amount of e	expense					
		Tratal of Greenal electrications	7 11110 41111 611 6	жропоо					
	a.								
	b.								
	C.								
			Total: Add L	ines a, b, and c					
58	Tota	I adjustments to determine disposable income. Add the amounts on Li	nes 54, 55, 50	6, and 57 and					
	ente	r the result.							
59	Mon	thly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line	53 and enter	the result.					
		Part VI: ADDITIONAL EXPENSE C	LAIMS						
	Othe	er Expenses. List and describe any monthly expenses, not otherwise stat	ed in this forn	n, that are required t	or the health				
	and	welfare of you and your family and that you contend should be an additional	al deduction f	rom your current mo	onthly income				
		er \S 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate pathly expense for each item. Total the expenses.	age. All figure	es should reflect you	ır average				
	mon	thly expense for each item. Total the expenses.							
00		Expense Description		Monthly A	mount				
60	a.	· · · · · ·		,					
	b.								
	C.								
		Total: Add Lines	a, b, and c						
		Part VII: VERIFICATION							
	I doo	lare under penalty of perjury that the information provided in this statemen	t is true and a	correct					
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.)								
	•	• • • • • • • • • • • • • • • • • • • •							
0.4		Date: 09/15/2010 Signature: /s/ Farrokh E	brahimi						
61		Farrokh Ebra							

Signature:

(Joint Debtor, if any)

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Current Monthly Income Calculation Details

Chapter: 13

Case Number: 10-36238-13

2. Gross wages, salary, tips, bonuses, overtime commissions.

Debtor or Spouse's Income	Description (escription (if available)					
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month
Debtor	I Burger	•	•	•	•		•

\$3,700.00

In re: Farrokh Ebrahimi

,700.00 \$3,700.00 \$3,700.00 \$3,700.00 \$3,700.00 \$3,700.00

7. Regular contributions to the household expenses of the debtor or the debtor's dependents, including child or spousal support.

Debtor or Spouse's Income	Description (escription (if available)						
	6	5	4	3	2	Last	Avg.	
	Months	Months	Months	Months	Months	Month	Per	
	Ago	Ago	Ago	Ago	Ago		Month	

Debtor ex-husband's contribution

\$600.00 \$600.00 \$600.00 \$600.00 \$600.00 **\$600.00**